## F22000006673

(Re	equestor's Name)	
- (Ar	dress)	
(/ 10	, ci ( ) 3)	
(Ac	fdress)	
(Cil	y/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
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(Bu	siness Entity Name)	
(Do	ocument Number)	
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tial Instructions to Film	on Officer	
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Office Use Only



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2023 JAN 13 AN 9: 22 N. WALLEY OF STITE

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A. DUTUER JAN 17 2023

## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

01/13/23

**NAME:** FLIMP MEDIA, INC.

TYPE OF FILING: CHANGE OF RA

COST:

35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH $\dot{}$ FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organi			
	er to change its registered office or registe	,		
1. The name of	the corporation: FLIMP MEDIA, INC.			
	office address: 2855 Ocean Drive, Suite D3	, Vero Beach, FL 32963		
3. The mailing a	address (if different): 3037 Golfview Drive,	Vero Beach, FL 32963		
	poration/qualification: 01/24/2022		0673	
	d street address of the current registered agreement of State: (If resigned, enter resigned		h the	
	Wayne W. Wall, Jr.			
	2855 Ocean Drive, Suite D3			
	Vero Beach, FL 32963		·	2023
6. The name and (if changed):	d street address of the new registered agen	t (if changed) and /or registered offi	ce	2023 JAN 13
	Registered Agent Solutions, Inc.		122	
	155 Office Plaza Dr., Suite A		<u>ं श्र</u>	AN 9: 22
	P.O. Box Tallahassee, FL 32301	NOT acceptable	当	22
The street address changed will	ess of its registered office and the street a be identical.	ddress of the business office of its	register	ed agent,
Such change was authorized by the	as authorized by resolution duly adopted be board, or the corporation has been not	by its board of directors or by an officed in writing of the change.	officer so	)
Signatu	Color of director	Vayne Wal		
I hereby accept I further agree of my duties, an document is bei corporation has	O the appointment as registered agent and to comply with the provisions of all statu d I am familiar wilh and accept the oblig ng filed merely to reflect a change in the been notified in writing of this change.	agree to act in this capacity. tes relative to the proper and comp gation of my position as registered registered office address, I hereby	olete per agent. ( confirm	formance Or, if this n that the
/s/ Kristin Pearl		1/13/2023		
	nature of Registered Agent half of an entity:	Date		
	, Assistant Secretary			
Т	yped or Printed Name			

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)